

Foreign Vendor Registration Form

FV REGISTRATION FORM

Vendor Code	
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For Office use only

***Mandatory fields**

Business Type*	☐ Private Limited Company	☐ Corporation
<i>Tick where appropriate</i>	☐ Partnership	☐ Others (specify)

SUPPLIER PROFILE

Business Name*:	Reg No*:
Place of Incorporation:	Phone No *:
Operating Address*	Fax No:
Building Name/Number*:	Zip Code:
Street*:	Post Code*:
City:	TIN/GST No*:
Email*:	Incorporation Date*:
Website:	Country*:

Number of Employees* ☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 100+

Tick where appropriate

CONTACT INFORMATION

Full Name*:	Phone No 1:
Designation*:	Phone No 2:
Email*:	Mobile Number*:

BUSINESS REPRESENTATION *(Tick where appropriate)**

☐ Manufacture ☐ Distributer ☐ Wholesaler
☐ Authorized dealer ☐ Retailer ☐ Others

Main products	Description	Brand

SUPPLY GROUP (Tick where appropriate)*		
☐ Liquefied Petroleum Gas (LPG)	☐ Hardware & Sanitary Ware	☐ Sales & Marketing
☐ Industrial & Medical Gas	☐ Consumables	☐ Architecture & Project Management
☐ Gas accessories	☐ Transport Service	☐ Designing & Printing
☐ Marine Engineering	☐ Civil/Structural Engineering	☐ Computer Hardware & Software
☐ Consulting / Training	☐ Communication Service	☐ Network & IT Related
☐ Repair & Maintenance	☐ Books & Stationary	☐ Homeware/furniture
☐ Spare Parts	☐ Cleaning Service	☐ Electrical & Electronics
☐ Others (Please specify):		

BENEFICIARY BANK DETAILS	
Bank Name*:	Branch Name*:
Branch Address:	Tel. Number:
Account Name:	
SWIFT Code*:	IBAN No*:
Preferred Payment Terms*:	

DELIVERY TERMS (Tick where appropriate)	
☐ EXW	☐ FOB
☐ CIF	☐ DAP
☐	☐ CFR
☐	☐ DDP

LIST OF CLIENTS*	
1	
2	
3	
4	

DECLARATION
Any changes / update to the information provided in the registration form, will be submitted to Maldivé Gas Private Limited along the revised documents. I/we hereby agree that: A) The information provided in this form are true & correct to the best of my / our knowledge. B) I/we have no objection to Maldivé Gas verifying the information provided in this form via the relevant government authority

Name*:	Signature & Stamp*:
Designation*:	Date*:

FOR INTERNAL USE ONLY			
	Staff ID	Date	Signature
Form & Supporting documents received			
Information verified			
Entered to vendor database			

☐ Yes ☐ No

☐ Approved

☐ Rejected

Due Diligence
Complete

Approved by
Procurement Manager

Approved Date

DOCUMENTS TO BE SUBMITTED
Business Registration
Company Business Profile (If website is not available)
Articles of incorporation
Tax/VAT registration number
Company address & contact details
List of shareholders (for private entities)
Organizational structure chart (optional)
Overview of facilities and operations
Employee count and key personnel list
Manufacturing, Service Provider or Dealership Letter (If Applicable)
ISO or other quality certifications (if applicable)
Insurance certificates (e.g., liability, product)
2+ Client Reference Letters
Endorsed bank details (On company official letterhead)
Audited financial statements of the past two years
Credit report or credit rating (if available)